



HAWAII STATE ETHICS COMMISSION ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES AND CONTRIBUTIONS REPORT

(To be filed by organizations, employing organizations and individuals
other than registered lobbyists)

FORM ORG

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HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

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For lobbying reporting period: Contact person Richard C. Botti Phone 479-7966
[] January 1 - last day of February Organization LEGISLATIVE INFORMATION SERVICES OF HAWAII (LISH)
[☒] March 1 - April 30 Mailing Address P.O. Box 385757
[] May 1 - December 31 Waikoloa, HI 96738
Year of Report 2006

PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement
period was: \$ 23,144.25

EXPENDITURES

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials	\$500.00	7. Entertainment	\$50.00
2. Media advertising		8. Food & beverages	\$568.41
3. Telegraph, telephone and other forms of telecommunication	\$160.00	9. Gifts	\$250.00
4. Postage	\$50.00	10. Loans	
5. Compensation paid to lobbyists	\$15,800.00	11. Other disbursements	\$5,765.84
6. Fees (other than to lobbyists)		TOTAL EXPENDITURES <i>Travel & Lodging</i>	23,144.25

COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
Edward Thompson, III	2272 Aupuni St., Honolulu, HI 96717	\$4,000.00
Richard C. Botti	P.O. Box 385757, Waikoloa, HI 96738	\$11,800.00

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

- ☒ This section is not applicable
- ☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

- ☒ This section is not applicable
- ☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

- ☐ This section is not applicable
- ☒ Contributions received in the total sum of \$25 or more per person were received from the following persons:

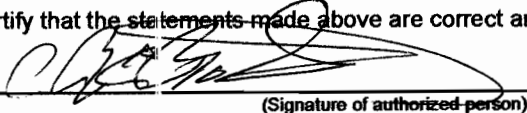
Name & Address	Amount or value
Hawaii Medical Association 1360 S. Beretania St., Second Floor, Honolulu, HI 96814	\$10,000.00
Hawaii Food Industry Association - 820 Mililani St., Suite 810, Honolulu, HI 96813	\$4,000.00
Retail Liquor Dealers Association - 820 Mililani St., Suite 810, Honolulu, HI 96813	\$250.00
LISH - Allocation of dues (Legislative Information Services of Hawaii, Inc. - LISH) 820 Mililani St., Suite 810, Honolulu, HI 96813	\$1,715.00

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

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|--|--|--|--|
| <input checked="" type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input checked="" type="checkbox"/> Public Safety & Corrections | |

I hereby certify that the statements made above are correct and complete to the best of my knowledge


(Signature of authorized person)

5-30-06
(Date)

Name of authorized person (type or print) Richard C. Botti

Title of authorized person President